

216020700  
99590

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 029	Agency Case No. B6-044712	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 05/22/2016		TIME OF ACCIDENT 0107	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0107	05/22/2016	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N. 27th St/ R-S St			ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE
C	DISTANCE FROM MILEPOST	FEET	N S E W	OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	88.00			X	S curb S St	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
E	R. WORK ZONE CODES	R1 3 R2 4 R3 1 R4 2	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	H13484162		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER TEWAU D BLACK EYES			PHONE	LOCAL NO.	
V2/N	DRIVER ADDRESS 1637 D ST APT L, LINCOLN, NE 68502			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/09/1993
G	OWNER ZACHARY M BURMOOD			PHONE	LOCAL NO.	
4	OWNER ADDRESS 2850 Everett, Lincoln, NE 68502			CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
H	LICENSE PLATE	PA NO. SEG164	YEAR 2016	STATE (Of Plate)	NE	
V1/O	VEHICLE	2012	Chevrolet	MODEL TVS	BODY STYLE Compact Utility	COLOR gray
4	VEHICLE ID NO. (VIN)	1GNKRFED3CJ416577		INSURANCE COMPANY	PROGRESSIVE NORTHERN INS CO	
V2/O	TOWED TO	Capital Towing		TOWED BY	Capital Towing	
I	VEHICLE NO. 2					
7	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER			PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
J	OWNER			PHONE	LOCAL NO.	
12	OWNER ADDRESS			CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.
V1/Q	LICENSE PLATE	NO.	YEAR	MAKE	MODEL	BODY STYLE
V2/Q	VEHICLE	2012	Chevrolet	MODEL TVS	BODY STYLE Compact Utility	COLOR gray
K	VEHICLE ID NO. (VIN)	1GNKRFED3CJ416577		INSURANCE COMPANY	PROGRESSIVE NORTHERN INS CO	
01	TOWED TO	Capital Towing		TOWED BY	Capital Towing	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
1	TEWAU D BLACK EYES	1637 D St # L, Lincoln, NE 68502		02/09/1993	01 1 05 2 2	F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
1	TEWAU D BLACK EYES	1637 D St # L, Lincoln, NE 68502		02/09/1993	01 1 05 2 2	F
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
1	TEWAU D BLACK EYES	1637 D St # L, Lincoln, NE 68502		02/09/1993	01 1 05 2 2	F

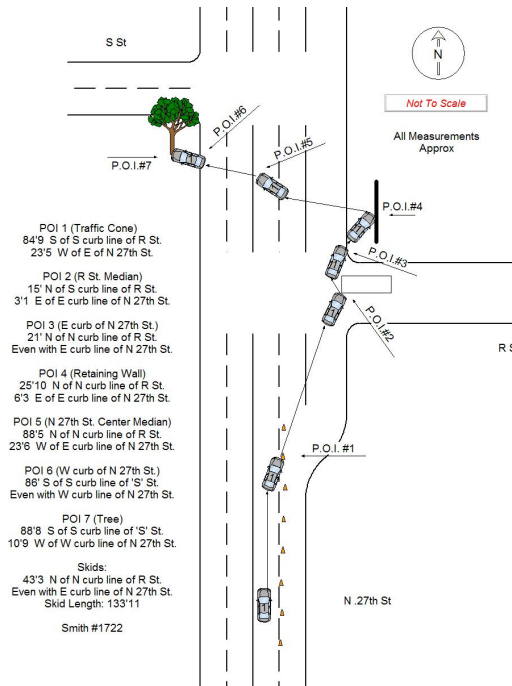
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

**INDICATE BY DIAGRAM WHAT HAPPENED**

AGENCY CASE NO.  
**B6-044712**



**Indicate  
North  
by Arrow**



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Witnesses state that D#1 was travelling n.b. on N. 27th St at a high rate of speed in excess of 50mph. D#1 was swerving through traffic when the vehicle struck a traffic cone, a curbed median, a retaining wall, another median, a curb and finally a tree. Subsequent investigation revealed that D#1 had stolen V#1 a few minutes prior to the accident. D#1 was admitted to the hospital for serious injuries.

<b>PROPERTY</b>	OBJECT DAMAGED <b>Tree (unknown spe</b>	OWNER NAME <b>City of Lincoln Forestry 2740 A St, Lincoln, NE 68502</b>	ADDRESS	PHONE <b>4024417847</b>	APPROX. COST OF DAMAGE <b>\$ 200</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME <b>Jason L Densberger transient,</b>				ADDRESS
	NAME <b>javel T Dyer 1622 Washington #2, lincoln, NE 68502</b>				ADDRESS
					PHONE <b>none</b>
					PHONE <b>4025700625</b>

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1		VEH 2				
1	X				N. 27th St				POINT OF IMPACT <b>01</b>		POINT OF IMPACT		3		1		Driver No. 1		Driver No. 2				
2									MOST DAMAGED AREA <b>01</b>		MOST DAMAGED AREA						Y		Y				
1	01	06 Turning left								00 None		02		03		04		N		X			
2		08 Entering traffic lane								09 Top & windows		10 Undercarriage		05		06		Y		Y			
				01 Essentially straight ahead				09 Leaving traffic lane				08				07				N		N	
				02 Backing				10 Parked												BAC LEVEL			
				03 Changing lanes				11 Slowing or stopped in traffic												ALCOHOL/ DRUGS SUSPECTED		Driver No. 1 <b>5</b>	
				04 Overtaking/ Passing				12 Other												1 Neither alcohol nor drugs suspected			
				05 Turning right				13 Unknown												2 Yes - alcohol suspected			
																				3 Yes - drugs suspected			
																				4 Yes - alcohol & drugs suspected			
																				5 Unknown			

OFFICER NO. <b>1647</b>	TROOP/ TEAM/ BEAT <b>CE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Phillip Tran</b>		INVESTIGATOR SIGNATURE <b>Approved by Ofc Phillip Tran</b>	
DATE OF REPORT <b>05/22/2016</b>			